PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fees will be switched to the current correspondence and the patent advance orders and notification of maintenance fees will be switched to the current correspondence and the patent advance orders and notification of maintenance fees will be switched to the current correspondence and the patent advance orders and notification of maintenance fees will be switched to the current correspondence and the patent advance orders and notification of maintenance fees will be switched to the current correspondence including the Patent advance orders and notification of maintenance fees will be switched to the current correspondence including the patent advance orders and notification of maintenance fees will be switched to the current correspondence including the patent advance orders and notification of maintenance fees will be switched to the current correspondence and the patent advance or the patent adv

indicated unless correct maintenance fee notifica	ed below or directed of	herwise in Block 1, by (a) specifying a new corres	spondence address; as	nd/or (b) indicating a sepa	rate "FEE ADDRESS" for		
		lock 1 for any change of address)	Not Fee pap- have	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
67801	7590 10/14	3/2009						
MARTIN D. N P.O. BOX 1644 ARLINGTON,	-	O PE	I he Stat addi tran	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	•	IAN 1 2 2010	(%) [(Depositor's name)		
		JAN 122				(Signature)		
	,	THE WAY				(Date)		
APPLICATION NO.	FILING DATE	TRADE	FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.		
10/517,768	12/27/2004		Shaike Schatzberger		29097	6620		
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	NING A SURGICAL INST			T		
			PUBLICATION FEE DUE	PREV. PAID ISSUE F		DATE DUE		
nonprovisional	YES	\$755	\$300	\$0 3 - 01/13/201	\$1055 	01/14/2010		
EXAM	· · · · · · · · · · · · · · · · · · ·	ART UNIT	CLASS-SUBCLASS	01/13/2010 SMOHAMM1 00000023 50		501407 10517768		
GIBSON, R		3739	606-001000	01 FC:250 02 FC:150	1 755.00 DA 4 300.00 DA			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attor	the names of up to 3 registered patent attorneys gents OR, alternatively, the name of a single firm (having as a member a stered attorney or agent) and the names of up to gistered patent attorneys or agents. If no name is ed, no name will be printed.				
	ess an assignee is ident h in 37 CFR 3.11. Comp GNEE		THE PATENT (print or typed data will appear on the part a substitute for filing and (B) RESIDENCE: (CITY Yokneam, Isra	atent. If an assignce assignment. and STATE OR CO		cument has been filed for		
Please check the appropri	iate assignee category or	categories (will not be pr	inted on the patent):	Individual X Corp	oration or other private gro	up entity Government		
Advance Order - #	lo small entity discount p	permitted)	 Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form). 					
5. Change in Entity Star	tus (from status indicated s SMALL ENTITY statu		Dh. Applicant is no lone	ran alaimina CMALL	ENTITY status. See 37 CF	D 1 22/-V2		
NOTE: The Issue Fee and	d Publication Fee (if regu		from anyone other than the	ne applicant; a registe	red attorney or agent; or the	assignee or other party in		
Authorized Signature	Martin	i, Moinn	Air.	_{Date} Januar	ry 11, 2010			
	Martin D. Moy			Registration No.				
This collection of information application. Confident submitting the completed his form and/or suggestions 1450, Alexandria, Victimia 223	ation is required by 37 C iality is governed by 35 I application form to the ons for reducing this but irginia 2213-1450. DO	FR 1.311. The informatio U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR C	n is required to obtain or re 1.14. This collection is esti depending upon the indivi Chief Information Office COMPLETED FORMS TO	etain a benefit by the imated to take 12 min idual case. Any comr r, U.S. Patent and Tra) THIS ADDRESS. S	public which is to file (and utes to complete, including nents on the amount of tim demark Office, U.S. Depa END TO: Commissioner for	by the USPTO to process; gathering, preparing, and e you require to complete timent of Commerce, P.O. or Patents, P.O. Box 1450,		

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B - FEE(S) TRANSMITTAL

Complete and send	l this form, toget	her with applicable	Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450					
INSTRUCTIONS: This for appropriate. All further co-indicated unless corrected	orm should be used to prespondence including below or directed other	for transmitting the ISS of the Patent, advance of the Patent, advance of the I, by (571)-273-2885 TION FEE (if requif maintenance fees were spondence address;	red). Blocks I through 5 s ill be mailed to the current and/or (b) indicating a sepa	hould be completed where correspondence address as arate "FEE ADDRESS" for		
mannenance ree normeatro	113.	ock 1 for any change of address)	N F	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
67801 7	590 10/14	/2009	11.		tificate of Mailing or Trans			
MARTIN D. MO P.O. BOX 16446 ARLINGTON, VA		PRTSI, INC.	I S a	hereby certify that thi tates Postal Service w Idressed to the Mail ansmitted to the USP	is Fee(s) Transmittal is being ith sufficient postage for fire Stop ISSUE FEE address FO (571) 273-2885, on the d	g deposited with the United st class mail in an envelope above, or being facsimile ate indicated below.		
	/	2010)	· (Depositor's name)				
	(JAN 12 ZUIU E				-(Signature) (Date)		
APPLICATION NO.	FILING DATE	& TRADENAL	FIRST NAMED INVENTO	OR .	ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/517,768	12/27/2004		Shaike Schatzberger		29097	6620		
TITLE OF INVENTION: N	METHOD AND APPA	RATUS FOR POSITIO	NING A SURGICAL IN	STRUMENT				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DU	B PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/14/2010		
EXAMIN	ER :	ART UNIT	CLASS-SUBCLASS					
GIBSON, RO	Y DEAN	3739	606-001000					
1. Change of correspondenc CFR 1.363). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	dence address (or Cha 22) attached.	nge of Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UC-Care Ltd.	s an assignee is identi n 37 CFR 3.11. Comp	fied below, no assignee	data will appear on the	patent. If an assigne n assignment. 'Y and STATE OR Co	ce is identified below, the de	ocument has been filed for		
Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent):	Individual 🚨 Co	rporation or other private gro	oup entity Government		
4a. The following fee(s) are Issue Fee Publication Fee (No s Advance Order - # or	small entity discount p	ermitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1407 (enclose an extra copy of this form).					
 Change in Entity Status a. Applicant claims S 	•	•	☐ b. Applicant is no le	enger claiming SMAL	L ENTITY status. See 37 CF	FR 1 27(e)(7)		
	ublication Fee (if requ	ired) will not be accepted	d from anyone other than		tered attorney or agent; or th			
Authorized Signature	Mailin	O May	e Via	Date Janua	ary 11, 2010	-		
Typed or printed name	Martin D. Moy	nihan	Registration No. 40,338					
The state of the s					e public which is to file (and inutes to complete, includin nments on the amount of tin rademark Office, U.S. Depa SEND TO: Commissioner fisplays a valid OMB control			